

## **Culturally Meaningful Leisure as a Way of Coping with Stress among Aboriginal Individuals with Diabetes**

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The purpose of this study was to gain insights into the lived experiences of urban Aboriginal Canadians with diabetes in stress and coping through leisure. A framework of resilience was used to conceptually ground the study and to analytically synthesize findings about the role of leisure in coping with stress. Focus groups were used as the data collection technique, and phenomenology as an analytical approach. Not only were participants' experiences of stress tied to diabetes-related aspects of their lives, but their descriptions also suggested that stress originated from broader structural systems and dynamics at various intertwined levels—socio-economic, cultural, historical, and political (e.g., racism). On the other hand, the results revealed the use of human strengths and resilience through culturally appropriate forms of leisure (e.g., Native arts, Aboriginal dancing, music, spiritual reading, going to reserves) in coping with stress. The findings emphasized that culture plays a central role in explaining leisure stress-coping mechanisms, whether these are tied to collective strengths, cultural identity, spiritual renewal, or physical/behavioral benefits. Concerning the connection between stress and leisure, culturally-based forms of leisure seemed useful to deal with culturally-bound stressors (e.g., racism), while some evidence was found for the role of leisure (e.g., physical activity) in coping with diabetes-related stressors.

**KEYWORDS:** *Aboriginal peoples, stress, leisure, coping, culture, diabetes.*

### **Introduction and Literature Review**

Stress is a prevalent, defining element of lives among Aboriginal peoples with diabetes (International Diabetes Foundation, 2003). Besides health problems related to diabetes itself, the sources of stress in their lives appear linked not only to life circumstances (e.g., marginal economic and living

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conditions) (Kraut, Walld, Tate, & Mustard, 2001), but also to historical, cultural, and political contexts (Daniel, Rowley, Herbert, O'Dea, & Green., 2001; Rock, 2003). For example, Green and colleagues' (2003) diabetes study suggested the prevalence of diabetes is "tightly embedded within a context of poverty and disempowerment" (p. 558). Also, they emphasized that the history of colonization and westernization has had a significant impact on diabetes incidence, as well as on subsequent stress experienced by Aboriginal individuals with diabetes. In their participatory action research, Boston and colleagues (1997) showed that Cree people in James Bay of northern Quebec attributed the cause of diabetes to the "white man," and noted the spread of diabetes was related to "the decline of bush life." Furthermore, in Bruyere and Garro's (2000) study, First Nations participants in Opaskwayak Cree Nation near the town of The Pas, Manitoba viewed diabetes as "rooted in collective experience and in historical processes that have impinged on aboriginal people and are beyond their control" (p. 28). Similarly, in Sunday, Eyles, and Upshur's (2001) study, Aboriginal participants in two Anishnaabe communities (rural, on-reserve settings) on Manitoulin Island, Ontario considered the cause of diabetes as a collective occurrence closely tied to larger notions of powerlessness.

Within the context of often stressful lives among many Aboriginal peoples with diabetes, it is important to explore the ways in which they proactively cope with stress, rather than considering only the negative aspects and consequences of stressful lives simply from deficit perspectives (e.g., problem-focused, negative perspectives, which tend to blame the victims). There is some evidence to suggest many Aboriginal peoples with diabetes have strengths to survive and even thrive by showing a sense of resilience. For example, one key finding in Sunday and colleagues' (2001) study was diabetes occurrence has brought "the community together" and a renewed recognition about the importance of "spirituality, culture, values, and traditions," and, consequently, generated "hope for healing" through "cultural belonging" (p. 80).

Hence, proactive and effective stress-coping among Aboriginal peoples with diabetes seems to be an illustration of resilience. Though not specifically mentioned with respect to Aboriginal peoples, some researchers have argued for the possibility that a framework of resilience is relevant to and useful for conceptualizations of stress-coping (Braver, Hipke, Ellman, & Sandler, 2004; Ryff & Singer, 2003). For example, Diener (2003) suggested, "coping is a strength, and good coping represents resilience!" (p. 115). Since leisure has been shown to play a key role in the stress-coping process (e.g., Iwasaki, MacKay, & Mactavish, 2005; Iwasaki & Schneider, 2003; Kleiber, Hutchinson, & Williams, 2002), a resilience framework may be useful to better understand the ways in which Aboriginal individuals with diabetes cope with stress through leisure.

### *Purpose of Study*

Within the context of the present exploration, resilience may be a useful conceptual framework for better understanding the role of leisure in stress-

coping among Aboriginal individuals with diabetes, by more appropriately recognizing their strengths. The potential utility of this framework is implied in recent research on leisure and stress-coping, demonstrated in such ideas as posttraumatic growth (Kleiber, 2004) and meaning creation through leisure (Hutchinson, 2004). However, no previous research has directly explored the nature of stress-coping through leisure among Aboriginal individuals. Little is known about whether and how leisure facilitates coping with stress among Aboriginal peoples, although the current literature on leisure and Aboriginal peoples provides some indication for this phenomenon and mechanism. The purpose of the present study was then to reveal the lived experiences of Aboriginal individuals with diabetes in stress and coping through leisure. A framework of resilience was used not only to conceptually ground the study, but also to analytically synthesize its findings. The focus of our analysis was on exploring the ways in which Aboriginal individuals with diabetes proactively cope with stress through leisure, by emphasizing their strengths and resilience, beyond simply examining the nature of stress as a prevalent, defining element of their lives. It must be noted that this study is part of a larger research initiative to examine the nature of stress and coping among several non-dominant and often marginalized groups in Winnipeg, Canada including individuals with disabilities and gays and lesbians.

### *Theoretical Framework and Literature Review*

*A framework of resilience.* Generally, *resilience* represents “the manifestation of positive adaptation despite significant life adversity” (Luthar, 2003, p. xxix), that is, “the ability to survive, and even to thrive, in the face of adversity” (Smith, Boutte, Zigler, & Finn-Stevenson, 2004, p. 214). Another key element of resilience includes “constructive and growth-enhancing consequences of challenges or adversity” (Strumpfer, 2003, p. 70).

Historically, however, the literature on resilience has focused primarily on positive adaptations by children at-risk for psychopathology, influenced by the pioneering work of Garmezy, Masten, and their colleagues (Masten & Powell, 2003). Consequently, limited attention has been given to the study of resilience within diverse societies, and its applications within different “cultural contexts” (Luthar & Zelazo, 2003, p. 525). The appropriateness of current thinking about resilience and its usefulness within non-dominant groups such as Aboriginal peoples is an underdeveloped area in particular. Another attractive aspect of this framework is that “resilience research involves explicit attention to positive outcomes and influences (in addition to negative ones). This can enhance scientific attention to the strengths of groups usually perceived in terms of failures” (Luthar & Zelazo, 2003, p. 525). This positive, strengths-focused approach has important practical implications for policy-making and service-provision, in comparison to a traditional focus on blaming victims and fixing problems from a negative, deficit perspective (Seligman & Peterson, 2003).

To date, Aboriginal health research has given very limited attention to exploring the potential usefulness of a resilience framework within the context of Aboriginal perspectives. A few researchers, however, have begun to recognize the utility of resilience as a conceptual basis of stress-coping among Aboriginal peoples. Particularly, Walters and Simoni's (2002) "indigenist" stress-coping model of Native women identified "cultural resilience" that represents culturally relevant coping strategies including enculturation, spiritual coping, and traditional healing practices. These strategies were proposed to buffer or moderate the vulnerability of Native women who face historical and contemporary traumas (e.g., colonization, discrimination, abuses). Walters and Simoni emphasized that there is the need to interpret "the vulnerabilities of Native women within the context of their historical and contemporary oppression, while capitalizing their strengths" (p. 523).

The potential usefulness of a resilience framework for conceptualizing leisure stress-coping seems to be implied in recent research on leisure, stress, and coping. For example, Kleiber and colleagues (2002) emphasized the role of leisure coping for "adjustment and personal growth following a negative life event" (p. 225), as well as for "self-protective" functions to buffer the impact of negative life events. Since the adjustment to negative life events is considered a key element of resilience (Glantz & Johnson, 1999), Kleiber and colleagues' conceptualization of leisure stress-coping appears closely tied to a resilience framework. Besides, the potential relevance of a resilience framework to leisure coping has been shown in empirical studies, as well. For instance, in Hutchinson, Loy, Kleiber, and Dattilo's (2003) study, participants' resilience and positive attitude toward life were demonstrated through the use of leisure in coping with the chronic stress of a traumatic injury or illness, particularly through the role of leisure in meaning creation in a positive way. Also, Klitzing (2003) found that women who were homeless and lived in a transitional shelter demonstrated a sense of survival and resilience, by using various coping strategies including being with others, engaging in diversionary leisure to relax, and physical activities. Though being implied in these studies, no previous research has explicitly and directly explored the usefulness and applicability of a resilience framework to better conceptualize leisure stress-coping.

*Leisure and Aboriginal peoples.* Another key issue within the context of the present study is the meaning and role of leisure among Aboriginal peoples. Based on their extensive review of the literature, McDonald and McAvoy (1997) indicated that leisure of Aboriginal peoples is inseparable from and well reflective of pervasive worldviews maintained and valued widely by Aboriginal groups. According to McDonald and McAvoy, the elements of these worldviews include: (a) the belief in the sacredness of life, emphasizing the spiritual aspects of individuals, communities, and the nature; (b) a reciprocal and interdependent relationship with all creations that values harmony and balance; (c) a heightened sense of place or connection to the land/environment; and (d) the cyclical pattern of life exemplified through cultural rituals and traditions. For example, dance, music, sport, art, religion, and spiritual

practices by Aboriginal persons have been identified to have connotations with the above worldview elements (McDonald & McAvoy).

Similarly, Fox and colleagues (1998) noted, "leisure is integral to Aboriginal culture and cannot be separated from the spiritual, cultural, social, and physical connections" essential to Aboriginal peoples (p. 152). Given Aboriginal individuals' "special bond to the land," McDonald and McAvoy (1997) emphasized the importance of recognizing a setting or context where leisure activity takes place since "setting may override activity due to the person's relationship with the setting" (p. 162). In their case study using archive materials and interviews on place attachment to park lands among First Nations in British Columbia, Canada, McAvoy, McDonald, and Carlson (2003) found that First Nation peoples hold "deep emotional, symbolic and spiritual meanings of places that . . . influence their lifestyles, environment, and perceived quality of life" (p. 100). Specifically, the spiritual nature of life and the land, as well as the collective orientation of Aboriginal peoples were highlighted as essential and pervasive to all aspects of life including leisure.

More than 10 years ago, Reid's (1993) study on recreation and social development in Ontario First Nation communities found that the function and meaning of recreation for native peoples included cultural expression, a tool for individual rehabilitation and social development, relief from boredom, and the joy of pure participation. Also, relevant to the present study, the other key themes of recreation identified in Reid's study were stress reduction, relaxation, and improved health. However, as cautioned by Ryan and Fox (2001/2002), recreation is a complex phenomenon contextualized through the intersections of culture and power, having a danger of promoting hegemonic practices: "For example, if recreation professionals support the Pow Wow *simply* as a 'recreational pursuit,' they maintain the powerful elitism that encourages further invasion of capitalism into Aboriginal cultures, enables erosion of spiritual ceremonies to social gatherings, or displays and supports a commodification of cultural practices" (p. 66, emphasis added). Clearly, respecting and appreciating cultural heritage, traditions, and history is a must in research and practices for Aboriginal peoples (Ryan & Fox).

## Methods

Focus groups were used as the data collection technique, while phenomenology was adopted as an analytical approach. Focus groups are recognized as an effective method for obtaining in-depth information about a concept or issue, and learning about people's experiences (Madriz, 2000). Rather than being directed by predetermined hypotheses or controlled by existing measures (which may not be culturally sensitive), focus groups enable participants to express perspectives, in their own words, in an open and flexible process (Krueger & Casey, 2000). Furthermore, since focus group sessions bring forward people's experiences and offer a social context for meaning-

making, they more readily allow for an analysis of culture (Madriz, 2000). Phenomenology, as an analytical framework, aims at exploring "what people experience and how they interpret the world" (Patton, 1990, p. 70). Also, phenomenology focuses on the ways in which members of society experience everyday lives (Schutz, 1970) and "how the social world is made meaningful" (Gubrium & Holstein, 2000, p. 489). Generally, the purpose of a phenomenological analysis is to gain insights into the "essence" of a phenomenon under investigation (Creswell, 1998).

### *Focus Group Participants*

Posters outlining the research, eligibility criteria, and who to contact were displayed at one Aboriginal health centre in a western Canadian city. Individuals who responded to the posters voluntarily contacted the research assistant who provided them with additional details on the study. Ethical issues were explained to potential participants. The criteria for being selected to participate in the study included: (a) individuals had to identify themselves as First Nations or Métis (two of the three major groups of Aboriginal Canadians<sup>1</sup>), and (b) individuals had to be diagnosed to have diabetes. Twenty six individuals who met the above criteria and agreed to participate were involved in focus groups: (a) First Nations women with diabetes ( $n = 8$ ), (b) First Nations men with diabetes ( $n = 9$ ), and (c) Métis women with diabetes ( $n = 9$ ).<sup>2</sup> It must be noted that distinguishing Métis individuals from First Nations individuals in addition to the use of female-only and male-only focus groups, was based on one key aim of our larger initiative, that is, to recognize the diversity of Aboriginal peoples. However, the analysis according to these cultural and gender designations is beyond the scope of this paper—key findings from this part of the study are reported elsewhere (Iwasaki, Bartlett, & O'Neil, 2004).

The participants were urban dwellers and ranged in age from 26 to 69 (mean = 43.9). Only one participant completed a university degree, while six individuals completed Grade 12—the others' levels of education were either less than Grade 12 (16) or were not reported (four). Eighteen of the 26 participants were unemployed. Three individuals were employed full-time (more than 35 hours/week), two were employed part-time (less than 35 and more than 10 hours/week), and one person was casually employed (less than

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<sup>1</sup>According to Minister of Public Works and Government Services Canada (2002), "The Constitution Act of 1982 recognizes three main groups of Aboriginal peoples in Canada: the First Nations, the Inuit, and the Métis . . . First Nations describes all Aboriginal people in Canada who are not Inuit or Métis . . . Inuit are Aboriginal people who live in Canada's North, which includes Nunavut, the Northwest Territories, Northern Quebec and Labrador . . . Many early French fur traders and some English traders married First Nations women. Their descendants are called the Métis people" (p. 14-15).

<sup>2</sup>Originally, four focus groups were planned including a male Métis group. However, despite the research team's desperate effort to locate Métis men with diabetes, a sufficient number of these men who met the participant criteria were not able to be identified. Thus, only three focus groups were conducted.

10 hours/week). The majority (i.e., 18) of the participants reported a yearly household income of less than \$20,000, while five reported a household income between \$20,001 to \$30,000, 1 between \$30,001 and \$40,001, and 1 between \$40,001-60,000. The participants' relationship/marital status varied widely (i.e., 10 common-law, 6 single, 4 divorced or separated, 3 married, and 3 widowed). The average perceived severity of diabetes (on a scale of 1 = mild to 5 = extremely severe) reported by the participants was 3.3, and ranged from 1 to 5. The participants have been diagnosed with diabetes from 1.5 to 36 years (mean = 12.8).

### *Focus Group Procedures*

Each session took place at a focus group facility of a local research firm. An experienced professional moderator (neutral to participants but oriented to acknowledge detailed nuances of communicating with Aboriginal individuals) facilitated all groups. The rationale for using the single moderator was to ensure consistency across a large number of focus groups conducted in a large-scale research initiative involving other population groups (e.g., individuals with disabilities, gays and lesbians). Also, this moderator who happened to be female (though non-Aboriginal) has had extensive experience in facilitating focus groups and interviews particularly with non-dominant and often marginalized groups, including Aboriginal individuals. Although we recognized that a focus group would be more effective if it is facilitated by a person with the same or similar background (e.g., gender, race/ethnicity), maintaining the consistency in the structure and process of focus groups was felt to be the top priority, given the large number of focus groups conducted (i.e., 15 in total in a larger research initiative).

The moderator carefully followed a focus group questioning route (Krueger & Casey, 2000), developed by the research team and guided by the research objectives. The questioning route outlined opening comments about the topic of stress, introductory questions to engage the participants in the topic, transition questions related to evaluations of stress, key questions on the causes of stress and coping strategies, and ending questions to summarize the discussions and confirm main points. The key question asked about stress-coping was, "What are the ways or strategies that you use to help you deal with stress in your daily life?" Also, the probes were used to inquire about the nature of and details about stress and coping. For example, the specific probe used for exploring the role of leisure was, "What role, if any, does leisure play in helping you deal with stress?" The moderator reminded the participants at the beginning of each focus group session that the purpose of a focus group is not to reach consensus, but to openly share one's view points. At each stage of questioning, the moderator created a comfortable context and gave sufficient time for all participants to express their views.

At the conclusion of each focus group, the participants completed an exit questionnaire to provide socio-demographic background information. They were thanked for their time and contribution to the focus group and

each was given a \$50 honorarium. Each focus group lasted approximately 90 minutes. The audio-recordings from each focus group were transcribed for analysis.

### *Data Analysis Procedures*

Phenomenological data analysis (Creswell, 1998) was conducted. First, the principal researcher identified statements, separately for each group, about how the participants were describing the phenomena (i.e., stress and coping), and listed every significant statement relevant to the phenomenon (i.e., "horizontalization" of the data; Moustakas, 1994). Next, these statements were clustered into themes or meaning units, separately for each group, by removing repetitive and overlapping statements (Creswell, 1998). These meaning units were formulated by reflectively reading and re-reading the full transcripts to ensure that the significant statements were consistent with the original context (Riemen, 1986). This process resulted in a refinement of the theme clusters, which were then referred back to the original descriptions for further validation.

Based on the previous steps, the principal researcher developed summary statements separately for each group, along with selected original quotations from the transcripts to illustrate the relevance of the summary statements. The other researcher who is an expert in Aboriginal qualitative health research critically reviewed the original data, analysis process, and results. This researcher then provided comments, which were incorporated to revise the categorizations and descriptions of key themes. Finally, both researchers communicated to confirm that the analysis was appropriately carried out and that the results were consistent with and accurately emerged from the data. The revised, summary description was sent to the participants, as a member-checking approach to facilitate the "trustworthiness" or credibility of the findings. Those participants who returned their evaluation forms (16 of the 26 individuals) unanimously verified that the descriptions were consistent with their original views they expressed in focus groups. It must be noted that the data analyses were completed only at a group level, not at an individual level.

### *Results*

Our phenomenological analyses sought to describe and explain the "essence" of phenomena under examination by constructing meaning statements from the data. The core meaning of stress that emerged from our data analyses will be described first, followed by an exploration of the core meaning of coping with stress through leisure.

#### *Stress: A Prevalent, Defining Element of Life*

*Diabetes-related stress.* Participants' descriptions about the lived experiences and meanings of stress highlighted that stress is prevalent in their lives, (as illustrated by one person saying, "Stress is something that we live with



every day”), and that living with diabetes has a substantial impact on individuals themselves and their families. Commenting on the latter aspect, one participant indicated, “In my house, diabetes passed on through my family, so there is that stress.” Also, many participants emphasized the detrimental effects of diabetes at a physical level such as limiting one’s diet, activities, and daily living. Describing this aspect, one First Nations woman noted,

Having to watch what you eat. This being on a diet, watching your sugars—that’s real stress. I had to give up a lot of stuff I like to eat. There’s not being able to do the things I used to be able to do.

Also, some participants considered complications caused by diabetes as stressful (e.g., kidney removal, an enlarged liver, loss of a leg, and loss of sight). For example, one First Nations man noted,

In 1990 I was getting sick a lot. I went to the hospital and they said, “You got diabetes.” They put me on needles right away. And then they had to remove a kidney soon after that. I have only half of me work. Half of me is dead.

At the same time, it was revealed that diabetes has detrimental effects on many participants at psychological levels, specifically linked to denial, worries, helplessness, and stigma about the illness. As an illustration, one Métis woman said,

My mother was a diabetic, my father-in-law was a diabetic, my husband is a diabetic. And with me, I figure, “Well, I just got it.” I guess there is a lot of denial for me. You don’t want to believe that you have it. You don’t want to be so rigid in your diet and exercise. And it’s hard, we will die anyway, and can we choose how?

Some participants also noted that the difficulty in controlling one’s own health often generates a feeling of helplessness, as mentioned by one First Nations woman: “It’s hard for me to control my sugar and I feel sorry for myself. I don’t know who to turn to.” Furthermore, a few participants indicated that some people without diabetes make negative remarks about people with diabetes. One Métis woman was told, “You are too fat, you eat too much,” while some others treated diabetes as a “contagious disease.”

*Stress related to structural life contexts.* Besides health-related stress related to living with diabetes at both physical and psychological levels, the stress experienced by the participants was embedded in broader structural life contexts—socio-economic, cultural, historical, and political. For example, socio-economic factors raised included money problems and poor living or housing situations. As noted by one pregnant woman, “Stress for me is where I live. I live with 25 other pregnant women in a small place.”

Also, many participants talked about cumulative aspects of their lives being directly linked to the history of colonization and westernization, and the discriminations toward Aboriginal individuals. Participants vividly described evidence of “deep-rooted racism” in various contexts from school settings and communities to employment practices and government programs. For example, one First Nations man commented on a stressful school life of children—“Being Native, being an Aboriginal, being First Nations, it’s

something that they'll have to face as they grow up in school. That's stressful." Also, speaking of a non-supportive educational environment, another First Nations man noted that "the schools are doing the same thing what they did to me. Push you to the side." It was also commented that in community settings, "some people like to joke about Native people." As an example of negative "preconceived notions" about Aboriginal peoples in an employment context, one person said, "Go for some job you won't be able to get because you're Native. They figure all you want to do is to get a paycheck and go drink." In addition, aggressive law enforcements to convict "Native gangs" were raised as an example of racist government practices. Finally, the following quote from one man reflects the converging aspect of discrimination against Aboriginal peoples in various contexts:

I have to run to the school every time they're trying to put my child into a program, a "learn how to speak English" program, because they have an accent. You face these kinds of racism, deep-rooted racism, that even the teachers don't even understand. . . . The North End is considered the core area, but we have a lot of different people, immigrants that came into [name of city] in the early 1900's, and Native people are just a minority there, in the North End. But when they refer to the North End, the majority is "drunken Indians" or something like that. That small percentage of the gangs is a good example . . . They sure can go after the Native gangs, like the [name of province] Warriors. They put into a \$4 million prison, just so that they can convict them—that was a waste of money. They should have done something better with that money. You see these kinds of things all the time.

Further commenting on a broader structural life context, another man mentioned the difficulty of living in "two worlds"—the Aboriginal communities and the dominant Canadian society. This point implies that the issue here is not just identity per se at an individual level, but it is concerned with societal or political influences at a structural level. Consistent with this point of view, some participants described cumulative stress due to their traumatic experiences in residential schools, which in some case, resulted in lengthy lawsuits. In fact, one man considered his "residential school lawsuit against the Federal Government for seven years" as "long-term stress." In another case, recalling her forced attendance at a residential school and the abuse that occurred there, one woman stated, "I don't want them [my children] to suffer the way I'm suffering." She reminded that this past traumatic experience still has a significant negative impact on her present life.

### *Showing Human Strengths and Resilience through Leisure Stress-Coping*

Despite the stressful and sometimes traumatic experiences of most participants, they widely and often enthusiastically spoke of their strengths in dealing proactively with stress, which demonstrated a "survival spirit" and sense of resilience. Notably, most participants acknowledged leisure played a key role in this process. For example, in response to the moderator's question, "What role, if any, does leisure play in helping you deal with stress?"

one person indicated, "Oh, I think it [leisure] is really important." Particularly, many mentioned the use of collective strengths through social leisure as a means of coping with stress. To illustrate this aspect, one woman emphasized the importance of gaining culturally appropriate support through her active involvement in social leisure, which brought an emotional comfort and good feeling:

Belonging to groups, just for get-togethers. They're all my culture, they're all Native. Even just going sitting there, listening to them talk. I always come home with such a light feeling because they share so many wonderful stories with me, and it makes me feel good and happy.

Facilitating cultural identities, satisfaction, and enjoyment through culturally appropriate leisure was another key factor raised by many participants as a way of coping with stress. One woman enjoyed doing "a lot of Native arts" that gave her a sense of satisfaction, while several individuals indicated that Aboriginal dancing was important in relieving stress: "You try to jig for a couple of hours. It takes away stress. We dance together, and that was a lot of fun." Speaking of a traditional activity, "pow-wows," one man noted, "I feel good about seeing what I see. I have respect for it." Also, some regarded the use of laughter as a "big healer when you're down," which was taught by their respected elders.

As a key function for dealing with stress, many participants talked about the role of culturally appropriate leisure in facilitating spiritual renewal or rejuvenation. For example, one woman emphasized the importance of "spiritual reading from a book," while another woman mentioned the role of music in gaining a sense of renewal, "If you feel stressed or anything, I'll put the music on, then I'll just sit back, close my eyes and that's best." Also, one female participant spoke specifically of "reading, embroidery, and sewing" as leisure stress-coping activities that made her "mind occupied;" then, when coming back, she admitted that she felt "different and more energetic." Having time-out or getting away was raised widely as a means of spiritual or emotional renewal, as illustrated in the following quotes:

I get away for a few days. It's good to get away to forget about everything in the city. I don't think about the awful things and try to think better afterward.

I go to reserves to get away from everything. It's just very peaceful and quiet.

I go for a walk just to get away from everybody, and think about what's bothering me. When I come back it's better.

Also, an overnight camping event under the auspices of an Aboriginal Centre made one woman felt relaxed, while another woman described that spending time at the lake was relaxing and enjoyable and allowed her not to think about anything such as a sore leg:

Our best leisure time is in the summertime when we go to the lake. You're relaxed and you're not thinking of "Oh, I got a sore leg" or whatever. So you just are enjoying yourself.

Implicit in this quote was the role of leisure time at the lake in physically and psychologically getting away from stressors including pain as a by-product of diabetes, and facilitating a sense of rejuvenation.

Therefore, regardless of the type of activities described from escaping the city, going to reserves, and going to camping or the lake, to walking, reading, and sewing, one key stress-coping mechanism of leisure relevant to the participants seemed to involve the facilitation of spiritual or psychological renewal in a culturally meaningful way. Not only did the specific leisure activities mentioned have cultural relevance chosen by Aboriginal individuals themselves, but these stress-coping activities also brought a sense of rejuvenation and renewal for them.

Besides the spiritual, psychological, or emotional aspects of leisure stress-coping, many participants talked about physical activity as a way of dealing with stress. For example, speaking of the benefits of physical activity, one man mentioned: "I started working out again, weight lifting. Working out keeps my sugar levels down and I find that I'm taking less insulin now. I work out and then I do physical things to keep my stress level balanced." As indicated in this quote, this person was very conscious about the use of leisure (in this case, physical activity) in dealing specifically with his experience of living with diabetes. Also, one older woman suggested that being physically active helps her feel in control over her life: "I'm pretty well in control. I exercise, I go to aquasize, and I take Tai Chi. I'm always doing something." These examples illustrated the importance of physical forms of leisure in gaining behavioral benefits, specifically relieving physical or physiological stress and taking control over one's life.

### Discussion and Conclusions

This study explored the core meaning or essence of stress and leisure stress-coping among Aboriginal individuals with diabetes. Overall, the study showed that stress was prevalent and played a substantial role in the lives of many study participants. Not only were their experiences of stress tied to health-related (specifically, diabetes-related) aspects of their lives, but their illustrations also suggested that stress originated from broader structural systems and dynamics at various intertwined levels—socio-economic, cultural, historical, and political. Particularly, the study revealed that the participants' experiences of stress had a close connection with the history of colonization and westernization, and were often caused by cumulative and structural discriminations (i.e., racism).

In addition to physical and psychological stress directly linked to living with diabetes, illustrations by participants provided evidence of "deep-rooted racism" in schools, communities, and employment and government practices. Besides poor living conditions at a socio-economic level, the stressors identified dealt with a wide range of issues such as negative stereotypes about Aboriginal peoples; being excluded in schools, communities, and employment settings; aggressive law enforcements targeting Aboriginal gangs;

forced residential school experiences; traumatic abusive experiences; and the separation or conflict between Aboriginal communities and the dominant Canadian society. Distinct from popular conceptualizations of stress in the mainstream literature which tends to focus on individualistic sources of stress mostly from a western, ethnocentric perspective (Moos, Holahan, & Beutler, 2003), the findings underscore the necessity of giving greater attention to structural sources of stress, which tend to have broader, encompassing effects on Aboriginal individuals and their communities. Not only is the prevalence of diabetes embedded within a context of "poverty and disempowerment" (Green et al., 2003, p. 558) and socio-economic conditions among Aboriginal peoples (Kraut et al., 2001), but this prevalence and subsequent stress experienced by Aboriginal individuals with diabetes are also linked directly to the history of colonization and westernization (Boston et al., 1997; Bruyere & Garro, 2000; Daniel et al., 2001; Rock, 2003). As emphasized in Sunday et al.'s (2001) study, many Aboriginal persons tend to consider the cause of diabetes as a collective occurrence closely tied to larger notions of powerlessness at a structural level, often beyond personal control.

On the other hand, our findings showed that a framework of resilience was useful to gain a better understanding of leisure stress-coping among Aboriginal individuals with diabetes. Overall, the results highlighted the use of human strengths and resilience through culturally appropriate forms of leisure. One key factor that facilitated this stress-coping process was the use of collective strengths through social leisure, which emphasized interdependence and connectedness. Another central stress-coping factor emphasized was the facilitation of cultural identities, satisfaction, and enjoyment through culturally appropriate leisure. The role of this type of leisure in promoting spiritual or emotional/psychological renewal was identified as another key leisure coping mechanism, as well. Besides social, cultural, spiritual, and emotional/psychological benefits of leisure stress-coping, some participants talked about the role of physical forms of leisure in gaining behavioral benefits of leisure stress-coping such as relieving physical or physiological stress and taking control over one's life. These multiple forms of leisure seemed to operate as an important means of coping with stress among study participants.

The utility of a resilience framework shown in this study is consistent with previous research on leisure, stress, and coping (e.g., Hutchinson et al., 2003; Kleiber et al., 2002; Klitzing, 2003), though not examined in an Aboriginal context. It should also be emphasized that most findings of this study are supported by McDonald, McAvoy, and colleagues' studies (McDonald & McAvoy, 1997; McAvoy et al., 2003). For example, the collective and spiritual nature of coping mechanisms through culturally-bound leisure activities is in line with and reflective of pervasive worldviews maintained and valued by Aboriginal peoples (McDonald & McAvoy).

Despite the usefulness of a resilience framework, however, the present findings suggest that it is both important and necessary to understand human strengths and resilience as a core meaning of leisure stress-coping *within*

*cultural contexts*. Specifically, the findings indicated culture plays a central role in explaining the nature and meanings of leisure stress-coping strategies used by Aboriginal individuals with diabetes. In fact, all of the leisure coping mechanisms, demonstrated in this study, appeared to have important cultural meanings or connotations—whether these are tied to collective strengths, cultural identity, spiritual renewal, or physical/behavioral benefits. Also, all of the specific forms of leisure described by the participants such as Native arts, Aboriginal dancing, laughter, spiritual reading, music, and escaping the city to go to reserves, had certain cultural relevance from. These findings challenge the current narrow conceptualizations of leisure, which have been based primarily on ethnocentric or western thinking and perspectives (Kelly & Freysinger, 2000). Within the context of the present study, the forms and meanings of leisure tend to be culturally unique to Aboriginal individuals. Clearly, failing to take into account cultural contexts unique to particular groups will lead to a serious oversight in a broader and more culturally appropriate conceptualization of leisure stress-coping, and of leisure in general, given the diverse nature of our society.

The findings also suggested that living with diabetes added greatly to the experiences of stress among Aboriginal individuals. In some cases, several participants were very conscious about the role of leisure in coping specifically with the experiences of living with diabetes. For example, one man talked about the benefits of physical activity for this purpose, by saying, "Working out keeps my sugar levels down and I find that I'm taking less insulin now." One woman mentioned spending leisure time at the lake as a way of dealing with diabetes-related experience, particularly a sore leg. However, it must be emphasized that in most cases many participants did not explicitly make a direct connection between the experiences of diabetes and the use of leisure in coping with stress since the stressors identified were concerned with broader aspects of their lives (e.g., socio-economic stressors, structural discrimination) beyond diabetes-related.

Rather, many of the leisure stress-coping activities described by the participants (e.g., Native arts, Aboriginal dancing, music, spiritual reading, going to reserves) were culturally-based, which were closely linked to dealing with culturally-bound stressors such as racism. These culturally-based leisure activities seemed useful to cope specifically with culturally-bound stressors (e.g., "deep-rooted racism) beyond diabetes-related stressors. Therefore, the findings provided empirical evidence to explain the potential linkage or connection between stressors experienced by Aboriginal individuals with diabetes and the use of leisure in dealing with these stressors. However, culturally-bound stressors appeared to have a stronger connection with the use of leisure stress-coping activities (particularly, culturally-based forms of leisure) than did diabetes-related stressors per se.

It must be cautioned, however, that our intention here was not to generalize the findings, given the very specific nature of the sample used. Although the use of purposive-criterion sampling was justifiable within a qualitative framework, further efforts will be required to better understand the

use of human strengths and resilience in coping with stress including the role of leisure in this process among Aboriginal populations worldwide. It is also important to be wary of non-critically interpreting the descriptions (e.g., Aboriginal dancing, "pow-wows," laughter) by Aboriginal individuals simply from the dominant cultural definitions of leisure. As emphasized above, there is the need to appropriately acknowledge cultural contexts in which these descriptions are made from Aboriginal perspectives. Perhaps, the term, leisure itself could be problematic and inappropriate to an Aboriginal context since this term may be simply a western conceptualization (McDonald & McAvoy, 1997; Ryan & Fox, 2001/2002). Although the present study aimed at gaining Aboriginal individuals' perspectives without overly imposing western assumptions, future research should be conducted carefully including the use of terminologies such as leisure, stress, and coping, which may primarily reflect western ideas.

Also, caution should be made to interpret some findings that seem to relay the idea of "retreating to own groups of origin" as a way of coping with stress. Although the findings may be seen as evidence of group/collective strengths, these appear to illustrate the reality of socially and culturally exclusive and even discriminatory structures in our society. Clearly, improving our social, institutional, and political systems is a must in order to more appropriately support non-dominant groups including Aboriginal peoples at a broader structural level.

Overall, however, the findings imply and advocate the need for a more culturally appropriate approach to health, leisure, and social services that incorporate the perspectives/voices of non-dominant groups such as Aboriginal peoples who are often marginalized and oppressed in society. As emphasized in this research, this approach should recognize the "realities" about the lived experiences and meanings of stress including the structures and dynamics of inequality and disadvantage that influence the stress phenomenon among non-dominant groups. The role of leisure in stress-coping should not be undervalued, either. Specifically, the present findings suggest that strengths-based (Maton, Schellenbach, Leadbeater, & Solarz, 2004) and resilience-oriented (Luthar, 2003) benefits of leisure stress-coping need to be recognized. The cultural contexts in which individuals live also must be taken into account if the meaning and use of resilience as a central theme in leisure stress-coping are to be fully understood. From a societal perspective, these strengths-based and resilience-oriented approaches to health, leisure, and social policies and services should be culturally appropriate in order to support people in effectively dealing with life challenges/stresses and enabling proactive and culturally relevant coping.

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